2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # C10414



FILED Apr 17, 2006 8:00 am Secretary of State

1. Entity Name HALIFAX COUNCIL NO. 1, ROYAL AND SELECT MASTERS						04-17-2006 90381 023 ****61.25						
Principal Plac 119 RAY MA ORMOND BC	IR DR	Mailing Address 119 RAY MAR DR ORMOND BCH, FL	32176-473	36 US		i 1 79(199) (18	ו מלות ולאלו מלות מונים ו	erika dirikali dirikali dirik	ini 81811 8(81) 8(1	P(#2) D1 (#2)		
2. Principal Place of Business 3. Ma			3. Mailing Address	ailing Address								
Suite, Apt. #, etc. Si			Suite, Apt. #, etc.				02272006	Chg-NP	CR2E0	37 (11/05)		
		City & State	City & State			4. FEI Number 23-7583203			———	pplied For ot Applicable		
Zip	Country		Zip	<u> </u>		5. Certificate of Status Desired				нее нефитеа		
6. Name and Address of Current Registered			Registered Agent				7. Name and Address of New Registered Agent					
ROSENTH	HAL. HARF	RY A			Name							
ROSENTHAL, HARRY A 329 BRADDOCK AVE. DAYTONA BEACH, FL 32118					Street A	Street Address (P.O. Box Number is Not Acceptable)					, . 	
										1 7:0:	 	
The above named entity submits this statement for the purpose of changing its register					City				FL	Zip Cod		
8. The above the obliga	e named entity tions of regist	y submits this statement for tered agent.	the purpose of changing	its registen	ed office o	r registeri	ed agent, or bot	th, in the State of	Florida. Iam	familiar with,	, and accept	
SIGNATURE												
	Signature, typeo	or printed name of registered agent a	and too if applicable.	NOTE: Registere	nd Agent signet	bure required	when reinstating)		DATE			
	Filing Fe	e is \$61.25 May 1, 2006	9. Election		inencing		\$5.00 May B Added to Fees	le Fi	Make check			
10.	Filing Fe Due by N	e is \$61.25	9. Election Trust Fur	Campaign F	inencing tion.		\$5.00 May B Added to Fees	FIANGES TO OFFIC	Make checi orida Depar	tment of S	tate	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mobile Month Robert W. Boggess
SIGNATURE AND TYPE OF PRINTED HAND OF STONE OF DIRECTOR 386-441-3049 Daytima Phone #